PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10700020

		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	20 minus 20=		* -			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			:< m	inus 3 =	* 2			X43=		1	You	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					7,402		OR	7002	
							,	+145=		OR	+290≃	
۱۱ - ا آ ا	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	
4	OS 65 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	18	Minus	-	\bigcirc	=		X\$ 9=		OR	X\$18=	
	Independent	. 4	Minus	*** /	5_	=	11	X43=		OR	X86=	 -
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM]	.145			+290=	•
							. L	+145=		OR	TOTAL	
	(n)							DDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS	· · · · ·	(Colun		(Column 3)	,					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=	
	Independent	*	Minus	***		- .		X43=		OR	X86=	-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	.145			+290=	
								+145= TOTAL		OR	TOTAL	
					•		A	DDIT. FEE		OR	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)					_	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	:	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	44				X\$ 9= .		OR	X\$18=	•
	Independent	•	Minus	trick		=		:X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								· ·	UH		
	the enter is select	mn 1 ie laac than th	a antru in activ	mn 9 sawita	"A" in act	umo 3		+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **TOTAL ADDIT. FEE ADDIT. FEE												
		iber Previously Paid					er foun	d in the app	ropriate box	in cot	umn 1.	